

CARDIOLOGY CENTER

123 Heartbeat Lane, Medical District
City, State, ZIP
Phone: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

PATIENT INFORMATION:

Name: _____

ID: _____

Address: _____

PHYSICIAN:

Dr. _____

Department: Cardiology

Service Date	Description of Service / Procedure	CPT Code	Charge
	Electrocardiogram (ECG/EKG)	93000	\$ _____
	Echocardiogram	93306	\$ _____
	Cardiac Consultation	99204	\$ _____
	Stress Test	93015	\$ _____

Subtotal: \$ _____

Insurance Adjustment: (\$ _____)

Insurance Paid: (\$ _____)

TOTAL PATIENT RESPONSIBILITY: \$ _____

Payment Terms: Due within 30 days of invoice date. Please make checks payable to "Cardiology Center".

For billing inquiries, contact the Financial Services Department at (555) 000-1111.